Please type a plus sign (+) inside this box →

Initial Filing

PTO/SB/01 (12/97)

Approved for use through 9/30/00. OMB 0651-0032 Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

(surcharge (37 CFR 1.16 (e))

required)

86038.000090 Attorney Docket Number **DECLARATION FOR UTILITY OR** Lines, James Richard **DESIGN** First Named Inventor PATENT APPLICATION **COMPLETE IF KNOWN** (37 CFR 1.63) **Application Number** Filing Date **Declaration Submitted** Declaration after Initial Filing Group Art Unit Submitted with

Examiner Name

								
As a below named invent	or, I hereby declare that:							
My residence, post office a	ddress, and citizenship are	as stated below next to my name).					
I believe I am the original, listed below) of the subject	first and sole inventor (if on matter which is claimed and	ly one name is listed below) or a I for which a patent is sought on	an original, first a	and joint inventor (it titled:	plural names are			
	HEAT EXCHANGER W	TH INTEGRAL INTERNAL TEM	IPERATURE SE	NSOR				
		(Title of the Invention)						
the specification of which								
is attached hereto								
OR Like								
was filed on (MM/DD	as filed on (MM/DD/YYYY) as United States Application Number or PCT International							
Application Number		and was amended on (MM/DD/YYYY) (if applicable).						
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above. I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.								
365(a) of any PCT Internal have also identified below	tional application which des r, by checking the box, an	. 119(a)-(d) or 365(b) of any fore ignated at least one country othe y foreign application for patent ation which priority is claimed.	er than the Unite	d States of America	a, listed below and			
Prior Foreign Application Number(s) Country		Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES	Certified Copy Attached? NO			
		October 17, 2001						
			 					
			├──	<u> </u>				
Additional foreig	n application numbers are li	sted on a supplemental priority of	lata sheet PTO/S	SB/02B attached he	reto:			
I hereby claim the benefit u	ınder 35 U.S.C. 119(e) of ar	ny United States provisional appl	ication(s) listed l	pelow.				
Application Number (s)		Filing Date (MM/DD/YYYY)		Additional provisional application numbers are listed on a supplemental priority data sheet Patent and				
				rademark Office/SI nereto	3/02B attached			
<u> </u>		ID 4 (0)						

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION - UTILITY OR DESIGN PATENT APPLICATION

the United States prior United State to disclose inform prior application	e benefit under 35 s of America, listed es or PCT Internationation which is ma and the national o	d below and, inso tional application terial to patentab r PCT Internation	ofar as the n in the ma pility as de	subject ma anner provie fined in 37 ate of this a	atter of ea ded by the CFR 1.56 application	ch of the e first para o which be	claims of thagraph of 3	nis applica 5 U.S.C. ′ lable betw	tion is not 112, I ack reen the f	t disclosed in the nowledge the dut lling date of the	
U.S. Patent	Application or Number	PCT Parent			nt Filing I/DD/YY`			Pa		ent Number <i>licable)</i>	
60/329,913	Number		10/17/20		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	• • •	•		(n upp	iloubio,	
								.,			
										LAC INVEST VIRGINIA	
SB/02B att											
As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected herewith.										e	
	Customer N OR Registered listed belov			practitioner(s) name/registration number			r	23387			
ja iš	me	Registratio Number	n		Name	me Re		Regi	egistration Number		
en et											
T.											
	registered practition 02C attached here		n supplem	ental Regis	stered Pra	ctitioner I	nformation	sheet Pat	ent and T	rademark	
Direct all correspondence to: Customer Number or Bar Code Label OR Correspondence address below											
Name	,,,							· · · · · · · · · · · · · · · · · · ·			
Address	*******										
Address											
City	at about		 	State					ZIP		
Country				Telephone	e				Fax		
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.											
Name of Sole o	r First Inventor:				,		A Petition	has been	filed for th	is unsigned inver	ntor
Given Name (first and middle [if any]) Family Name or Surname											
James Richard Lines											
Inventor's Sign		imes Rido	res						Date	Nev 21, 20	20(
Residence: City	/ Lancaster		Sta	te New`	York (Country	United St	ates (Citizensh	ip U.S.	
Post Office Add		rarkway									
City	Lancaster	Sta	ate Ne	w York	T	ZIP	14086		Country	United States	S
	Additional inventors	are being named				onal Invent	or(s) sheet(s) Patent an		ark Office/SB/02A	

Approved for use through 9/30/98. OMB 0651-0032 Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION				ADDITIONAL INVENTOR(S) Supplemental Sheet Page of					
Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor									
Given Name (first and middle [if any])				Family N	Name or Su	rname			
Alan Earl									
Inventor's Signature	ala In						Date	11/21/01	
Residence: City	Batavia	State	New York		Country	United States	Citizenship	U.S.	
Post Office Address	152 Trumbull Parkway								
Post Office Address					1				
City	Batavia	State	New York		ZIP	14020	Country	United States	
	tional Joint Inventor, if a		A petit			nis unsigned invento	or		
	Given Name (first and middle [if any]) Family Name or Surname								
Lawrence Micha	nce Michael Saupe								
Inventor's Signature	4 1/4						Date	11/27/61	
Residence: City	Akron	State	New York		Country	United States	Citizenship	U.S.	
Post Office Address	37 Crescent Drive								
Post Office Address					· · · · · ·	T		1	
City	Akron	State	New York		ZIP	14001	Country	United States	
741-9	itional Joint Inventor, if a		A petit			nis unsigned invento	or		
	Given Name (first and middle	e [if any])		<u> </u>	Name or Su	ırname			
Lance Lee				Frens		· · · · · · · · · · · · · · · · · · ·	. <u>,</u>		
Inventor's Signature	Jane of	Fren	7			,	Date	11/28/01	
Residence: City	Byron	State	New York		Country	United States	Citizenship	U.S.	
Post Office ' Address	7091 Byron-Holley Road							, <u>, , , , , , , , , , , , , , , , , , </u>	
Post Office Address					1				
City	Byron	State	New York		ZIP	14422	Country	United States	
Name of Add	Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor								
Given Name (first and middle [if any]) Family Name or Surname									
Inventor's Signature	<u>; </u>			1			Date		
Residence:		State			Country	UNITED	Citizenship		
City		Jiale			Journa y	STATES	Omzenanip	1	
Post Office Address									
Post Office			.44						
Address		Ι			1		T	LINITED	
City		State			ZIP		Country	UNITED STATES	

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required t complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.